CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS AUSPITE Initial Filing Received Official Use Only CHARTER SCHOOLS DIVISION

Please type or print in ink.	A PUBLIC DOCUMENTZONO MAR 22 PM 2: 45		
NAME OF FILER (LAST) (F	IRST)		(MIDDLE)
KUSSEROW	IIM	, III	A
1. Office, Agency, or Court	•		
Agency Name (Do not use acronyms)			
LOS ANGELES UNIFIED SCHOOL DISTRICT			
Division, Board, Department, District, if applicable		Your Position	2 1 11 1
New Los Angeles Ch	larter c	School,	Board Member
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)			
Agency:		Position:	
Agailoy,		Position.	
2. Jurisdiction of Office (Check at least one box)			
☐ State		Judge or Court Commissione	r (Statewide Jurisdiction)
Multi-County		County of	
City of		Other PORTION OF LA	COUNTY (LAUSD)
2. Tuno of Statement (Check at least one hour			
3. Type of Statement (Check at least one box)	_	Leaving Officer Date Laft	1 1
Annual: The period covered is January 1, 2018, through December 31, 2018.		Leaving Office: Date Left . (Check	one circle.)
The period covered is//	through	O The period covered is Ja	nuary 1, 2018, through the date of
December 31, 2018.	, ===================================	-or- leaving office.	
Assuming Office: Date assumed/		The period covered is the date of leaving office	, through
Candidate: Date of Election and office sought, if different than Part 1:			
4. Schedule Summary (must complete) ► Total number of pages including this cover page:			
Schedules attached	al number of pag	jes meraang ans cover	page.
Schedule A-1 - Investments - schedule attached	Sched	ule C - Income, Loans, & Bus	iness Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached			
Schedule B - Real Property - schedule attached	☐ Sched	ule E - Income - Gifts - Trav	el Payments - schedule attached
-or- None - No reportable interests on any schedule			
5. Vérification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)	Caula Man	ion CA C	ancinz
DAYTIME TELEPHONE NUMBER	Santa Mon	DORESS	10902
(310) 451.1332 - + Kusserowe carlthorp, org			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained			
herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
- Certify dilider penalty of perjory dilider the laws of the state of camornia that the foregoing is the and correct.			
Date Signed 3/14/19	Signature		Marie Contraction of the Contrac
(mont), day, year)		(rite the onginally signed pa	per st ate ment with your filing official.)